



# Work Order (Bid Form)

## WORK ORDER INFORMATION

**Work Order Name:** WO/15015SE-8077/1

**Work Order Type:** Weatherization

**Audit Name:** 15015SE-8077Audit (12)

## CLIENT INFORMATION

**Client Name:**

**Address:**

**Client ID:** 15015SE-8077

Dunlap, TN 37327

**Alt. Client ID:** Sequatchie

## AGENCY INFORMATION

**Agency:** Southeast Tennessee Resource Agency

**Agency Phone:** 423-9492 x191

**Address:** 312 Resource Rd  
Dunlap, TN 37327

**Fax:** (423) 949-4023

**Email Address:**

**Company Name & License Number:** \_\_\_\_\_

**Contractor's Signature:** \_\_\_\_\_

## COMMENT

2005 Site built home.

## Measures

### Measure 1 Infiltration Redctn

### Components

Inspected

**Comment** Mastic boots 10, 11, 12 and 1 return. The 3 boots and return are located in the bouns room above the garage.

☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Su	Infiltration Reduction	Each	1					

#### Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

### Measure 2 Floor Ins. R-19

### Components B1

Inspected

**Comment**

☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fiberglass Batts - R-19	SqFt	1950					

#### Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

Client Name:

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**Measure 3 CO Monitor is Needed****Components****Inspected**

**Comment** Refer to Attachment A- Standards for Weatherization Materials and Southeast Field Guide.

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	CO monitor Refer to Attachment A- Standards for Weatherization Materials and Southeast Field Guide.	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**

Client Name:

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